

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE SENATE  
05 SEP 28 PM 1:17

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Has this registrant previously registered with the Office of the Clerk?  Yes  No  
 1. Effective Date of Registration 09/22/05  
 2. House Identification Number 32080 Senate Identification Number 21563

## REGISTRANT

3. Registrant name Organization Kilpatrick Stockton LLP  
 Address 607 14th Street NW, Suite 900  
 City Washington State DC Zip 20005 USA  
 4. Principal place of business (if different than line 3)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 5. Telephone number and contact name Prefix Full Name  
202-508-5800 Contact Mr. Christopher Ott E-mail COtt@KilpatrickStockton.com  
 6. General description of registrant's business or activities  
Law firm.

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.*  Self

7. Client name Signal ONE Safety, Inc.  
 Address 1050 Northfield Court, Suite 125  
 City Roswell State GA Zip 30076 Country US  
 8. Principal place of business (if different than line 7)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 9. General description of client's business or activities  
A consumer products company that provides fire safety products.

## LOBBYISTS

Go to page 3 to add more 1

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first becoming a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

First	Name Last	Suffix	Covered Official Position (if applicable)
Armand	DeKeyser	Mr.	c/s Senator Jeff Sessions
Christopher	Ott	Esq.	
John	Walk	Mr.	
John	Loving	Mr.	



Registrant Name Kilpatrick Stockton LLP

Client Name Signal ONE Safety, Inc.

**LOBBYING ISSUES** Find the code to select below.

Go to page 3 to add more lobbying

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page

CSP

12. Specific lobbying issues (current and anticipated)

Consumer product safety and regulatory issues.

**AFFILIATED ORGANIZATIONS**

Go to page 3 to add more organi

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes ⇒ Complete the rest of this section for each entity matching t criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or country)

**FOREIGN ENTITIES**

Go to page 3 to add more foreign

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes acti the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of lobbying activity?

No ⇒ Sign and date the registration.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then sign and date registration.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	On pe i
	Street Address City	State/Province	Country			

Form Com

Printed Name and Title



Registrant Name Kilpatrick Stockton LLP

Client Name Signal ONE Safety, Inc.

**ADDITIONAL LOBBYISTS**

*Return to page 2 to finish th*

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

First	Name Last	Suffix	Covered Official Position (if applicable)

**ADDITIONAL LOBBYING ISSUES**

*Return to page 2 to finish th*

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

**AFFILIATED ORGANIZATIONS**

*Return to page 2 to finish th*

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 13.

Name	Address	Principal place of Business (city and state or country)

**ADDITIONAL FOREIGN ENTITIES**

*Return to page 2 to finish th*

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	O percer

*Add an additional supplementary informati*

Printed Name and Title



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